



Document Title

**APPLICATION FOR AGRICULTURAL PESTICIDE NATIONAL DISTRIBUTORSHIP LICENSE**

Form No.	P-160
Revision No.	1
Date	09.14.20
Author	J.V. Rivera
Approved by	J.M. Romualdez
Page	1 of 2

**Reminder: Please fill out this form completely and legibly.**

\_\_\_\_\_ Conventional  
\_\_\_\_\_ PIP

New \_\_\_\_\_  
Renewal- License No. \_\_\_\_\_  
FPA Control No. \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

<p><b>1. Business Name of Applicant</b></p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>TIN No. : _____</p> <p>Tel No. : _____</p>	<table border="1" style="width: 100%;"> <tr> <td>Date Received :</td> <td>_____</td> </tr> <tr> <td>Date Processed:</td> <td>_____</td> </tr> <tr> <td>Amount Paid:</td> <td>_____</td> </tr> <tr> <td>OR Number</td> <td>_____</td> </tr> <tr> <td>OR Date:</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(To be filled out by PRD.)</td> </tr> </table>	Date Received :	_____	Date Processed:	_____	Amount Paid:	_____	OR Number	_____	OR Date:	_____	(To be filled out by PRD.)	
Date Received :	_____												
Date Processed:	_____												
Amount Paid:	_____												
OR Number	_____												
OR Date:	_____												
(To be filled out by PRD.)													

**2. Capitalization :** (Write the amount with denomination.)

\_\_\_\_\_

**3. Supplier(s) Represented** (Use additional sheets, if necessary.)

\_\_\_\_\_

**4. List of Area Distributor(s) and addresses** (Use additional sheets, if necessary; update yearly.)

\_\_\_\_\_

**5. Major Warehouse Points** (Give exact address: Use additional sheets, if necessary.)

\_\_\_\_\_

**6. List of Registered Products(s)** (Use additional sheets, if necessary; update yearly.)

\_\_\_\_\_

**7. Name of Accredited Responsible Care Officer (ARCO).** (Attach a copy of accreditation ID.)

\_\_\_\_\_

**8. Applicant Email Address**

\_\_\_\_\_

**9. PRIVACY NOTICE AND CONSENT TO USE DATA**  
*We respect your privacy and keep your personal information confidential unless we are lawfully required or allowed to disclose it or that you give your written consent to such disclosure.*

**10. CONSENT TO PROCESS AND SHARE DATA**  
*In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve.*

\_\_\_\_\_  
Signature over Printed Name of the Contact Person



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I hereby certify that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Position \_\_\_\_\_

**REPUBLIC OF THE PHILIPPINES**  
**PROVINCE OF \_\_\_\_\_**  
**MUNICIPALITY/CITY OF \_\_\_\_\_**

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines, affiant exhibited to me his/her Residence Certificate  
No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_

NOTARY PUBLIC  
Until \_\_\_\_\_  
PTR No. \_\_\_\_\_

Original must bear documentary stamp.